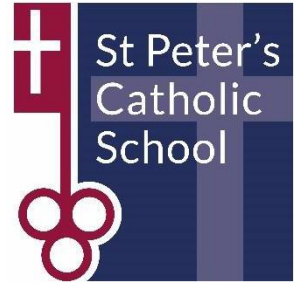


REQUEST FOR ABSENCE FROM SCHOOL

The school does not authorise absences during term time except for exceptional family circumstances and organised educational experiences (e.g. music exam, drama performance).



All requests should be submitted to the Headteacher using this form at least two weeks before the first day of intended absence.

For the attention of: Mr T Miller, Headteacher
St Peter's Catholic School
Horseshoe Lane East
Guildford
GU1 2TN

Name of Student: _____ **Tutor Group:** _____

I/we request that my/our son/daughter be absent from school on the following dates:

First day of absence: _____

Last day of absence: _____

Number of schools days: _____

Reason for absence: _____

Parent/Carer signature: _____

Parent/Carer name (printed): _____ **Date:** ____/____/____

Please note for all medical or dental absences, you should take the following action:

- Email the School Office absent@st-peters.surrey.sch.uk and copy in your son/daughter's Form Tutor in advance of the date.
- Write in your son/daughter's journal the date, time and type of medical appointment.
- Note, all students must sign in and out of School Reception for health and safety purposes.